

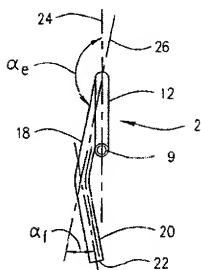
## **REMARKS/ARGUMENTS**

The following remarks are submitted in response to the non-final Office Action mailed June 7, 2006, setting a three-month shortened statutory period for response ending September 7, 2006. Claims 1-65 remain pending in the Application. Reconsideration, examination, and allowance of all pending claims are respectfully requested.

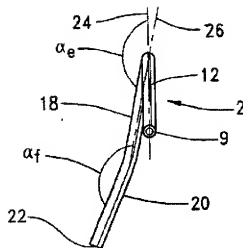
### **35 U.S.C. §102 Rejections**

On page 2 of the Office Action, the Examiner rejected claims 1-65 under 35 U.S.C. §102(b) as being anticipated by *Voda* (U.S. Patent Publication No. 2002/0103474).

Applicant respectfully asserts that the *Voda* '474 reference does anticipate claims 1-65. With respect to the rejection of claims 1-13, Applicant submits that the *Voda* '474 reference does not appear to suggest, among other elements, a preformed ostium section including a first segment that lies in a sagittal plane or to the patient's right of such sagittal plane of the support section when the first segment extends anteriorly from the preformed support section, and the second segment extends back towards such sagittal plane. Such configuration can be seen in Figure 3 of the present Application (reproduced below and to the left), which shows a catheter (2) having a first segment (18) that extends at an angle  $\alpha_e$  away from an imaginary plane (24), and a second segment (20) which extends at another angle  $\alpha_r$  back towards the imaginary plane (24). In use, this deviation of the second segment (20) at angle  $\alpha_r$  back towards the imaginary plane (24) allows the distal tip (22) to follow rather than lead when the catheter (2) is torqued in the customary clockwise direction. See Application at page 14, ¶ 0032.



(Figure 3 of present Application)



(Figure 3 of Voda '474)

In contrast, the *Voda* '474 reference appears to suggest a catheter (2) having a preformed ostium entry section (16) including a first segment (18) connected to a second segment (20) at a fourth bend or curve of the catheter (2) forming a distal tip (22) that extends away from the imaginary plane (24). As can be seen in Figure 3 (reproduced above and to the right), for example, the second segment (20) forming the distal tip (22) extends further away from the imaginary plane (24) vis-à-vis angle  $\alpha_f$ , which according to *Voda* '474 at pages 2, ¶ 0018, can be 120° to 180° or thereabouts from an imaginary plane (26) defined by the first segment (18) and an abutment segment (14) of the catheter (2). Thus, since the *Voda* '474 reference does not suggest a preformed ostium entry section including a second segment that extends back towards a sagittal plane, as recited in claim 1, Applicant submits that this claim is not anticipated. Moreover, for at least this reason, Applicant further submits that claims 2-13, which depend from claim 1, are also not anticipated by the *Voda* '474 reference.

Turning next to the rejection of claims 14-27, Applicant submits that the *Voda* '474 reference does not suggest a catheter having, among other elements, a preformed ostium entry

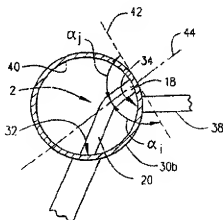
section including first and second segments that are initially offset in directions from an imaginary plane including at least the abutment segment of a preformed support section, as recited in independent claim 14. Instead, and as discussed above, the *Voda* '474 reference appears to suggest a second segment (20) that extends further away from the imaginary plane (24) via angle  $\alpha_f$  and is thus not initially offset from the first segment (18). Because the second segment (20) in *Voda* '474 is not initially offset from the first segment (18), Applicant submits that claim 14 is not anticipated by that reference. In addition, for at least this reason, Applicant further submits that claims 15-27, which depend from claim 14, are also not anticipated by the *Voda* '474 reference.

With respect to the rejection of claims 28-36, Applicant submits that the *Voda* '474 reference does not disclose or suggest, among other elements, a preformed ostium entry section including a second segment terminating in a distal tip such that, when the proximal shaft of the catheter is torqued clockwise to engage the distal tip into the ostium of the right coronary artery, the distal tip follows a plane that includes the abutment section and a point of connection between a first segment and the second segment, as recited in independent claim 28.

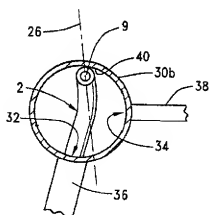
In contrast to claim 28, the distal tip (22) in the *Voda* '474 reference does not follow a plane that includes the abutment section (14) and a point of connection between the first segment (18) and second segment (20). Instead, and as shown for example in Figure 3 of *Voda* '474, the distal tip (22) of the second segment (20) leads the plane including the abutment section (14) and the point of connection between the first segment (18) and second segment (20). This can be understood with respect to Figure 2 of the *Voda* '474 reference, wherein rotation of the proximal end (6) of the catheter (2) in the clockwise direction causes the distal tip (22) to lead the catheter (2) when positioned within the ostium of a right coronary artery.

Thus, since the *Voda* '474 reference does not suggest that the distal tip follows a plane that includes the abutment section and a point of connection between the first segment and the second segment, as recited in independent claim 28, Applicant submits that this claim is not anticipated. Moreover, for at least this reason, Applicant further submits that dependent claims 29-36, which depend from claim 28, are also not anticipated by the *Voda* '474 reference.

With respect to the rejection of claims 37-46, Applicant submits that the *Voda* '474 reference does not suggest, among other elements, a preformed ostium entry section including a first segment extending from an abutment segment such that the abutment section abuts an interior surface of the patient's ascending aorta in a plane formed by a tangent of an axis of the first segment when the catheter is positioned within the ostium of the right coronary artery, as recited in independent claim 37. Such configuration can be seen, for example, in Figure 5 of the present Application (reproduced below and to the left), which shows the first segment (18) abutting the interior surface of the ascending aorta (30b) in a plane defined by a tangent (42) at an interior surface of the ascending aorta (30b) that is substantially perpendicular to an axis (44) of the first segment (18).



(Figure 5 of present Application)



(Figure 5 of *Voda* '474)

In contrast to claim 37, and as shown in Figure 5 of the *Voda* '474 reference (reproduced above and to the right), the first segment (18) does not appear to abut the interior surface of the patient's ascending aorta (30b) in a plane formed by a tangent of an axis of the first segment (18) when the catheter is positioned in the ostium (32) of a right coronary artery (36). Instead, the *Voda* '474 reference appears to suggest that, during positioning, the abutment segment (14) abuts an interior surface of the ascending aorta (30b) substantially opposite the ostium (32). See *Voda* '474 at page 3, ¶ 0023. Nothing in that reference, however, appears to suggest the first segment (18) abutting the interior surface in a plane formed by a tangent of an axis of the first segment (18), as recited in claim 37. Accordingly, Applicant submits that the *Voda* '474 reference does not anticipate claim 37. Thus, for at least this reason, Applicant further submits that claims 38-46, which depend from claim 37, are also not anticipated by the *Voda* '474 reference.

For reasons similar to that provided above for claims 37-46, Applicant further submits that the *Voda* '474 reference does not anticipate the catheter recited in claims 57-65. Independent claim 57 recites, among other elements, that when the distal tip is positioned within the ostium of the right coronary artery, the abutment segment abuts an interior surface of the patient's ascending aorta in a plane formed by a tangent of an axis of the first segment. As discussed previously, while the *Voda* '474 reference appears to suggest that during positioning the abutment segment abuts an interior surface of the ascending aorta substantially opposite the ostium, nothing in that reference appears to suggest that the abutment segment abuts an interior surface of the patient's ascending aorta in a plane formed by a tangent of an axis of the first segment. Thus, Applicant asserts that independent claim 57 is likewise not anticipated by the *Voda* '474 reference. Moreover, for at least this reason, Applicant submits that dependent claims 58-65 are also not anticipated by the *Voda* '474 reference.

Turning finally to the rejection of claims 47-56, Applicant submits that the *Voda* '474 reference does not suggest a preformed ostium entry section including a first segment and a second segment terminating in a distal tip, such that, when the distal tip is positioned in the ostium of the right coronary artery, the first segment and second segments lie anterior to the support section, as recited in independent claim 47. This appears evident from page 2, ¶ 0014 of the *Voda* '474 reference, which describes how the posterior offset of the distal tip shortens the torque length of the tip section and the tip. Thus, because the *Voda* '474 reference does not appear to suggest that the first and second segments lie anterior to the support section when positioned in the ostium of the right coronary artery, Applicant submits that claim 47 is not anticipated by that reference. Moreover, for at least this reason, Applicant submits that claims 48-56, which depend from claim 47, are also not anticipated by the *Voda* '474 reference.

Reexamination and reconsideration are respectfully requested. It is submitted that all pending claims 1-65 are currently in condition for allowance. Issuance of a Notice of Allowance in due course is anticipated. If a telephone conference might be of assistance, please contact the undersigned attorney at 612-677-9050.

Respectfully submitted,

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By  This Attorney

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